

<input type="checkbox"/> STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY <input type="checkbox"/> IN THE COURT OF APPEALS	CLAIM OF APPEAL	CASE NO. CIRCUIT DISTRICT PROBATE
Court address		Court telephone no.

Plaintiff/Petitioner name(s) and address(es). <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	v	Defendant/Respondent name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.		Attorney, bar no., address, and telephone no.

☐ Probate In the matter of _____
 Other interested party(ies) of probate matter

1. _____, claims an appeal from a final judgment or order entered on
 Name _____ in the _____ Court of the State of Michigan,
 Date _____ Court name and number or county
 by ☐ District ☐ Circuit ☐ Probate Judge _____ Bar no. _____
2. Bond on appeal is ☐ filed. ☐ attached. ☐ waived. ☐ not required.
3. ☐ a. A transcript has been ordered.
☐ b. No record was made.
- ☐ 4. THIS CASE INVOLVES A CONTEST AS TO THE CUSTODY OF A MINOR CHILD.

Date _____	Appellant/Attorney signature _____
Address _____	City, state, zip _____ Telephone no. _____

PROOF OF SERVICE

I certify that I served a copy of this claim of appeal and bond (if required) upon

Name _____	on _____	by _____	<input type="checkbox"/> personal service. <input type="checkbox"/> first class mail.
Date _____			
Name _____	on _____	by _____	<input type="checkbox"/> personal service. <input type="checkbox"/> first class mail.
Date _____			
Name _____	on _____	by _____	<input type="checkbox"/> personal service. <input type="checkbox"/> first class mail.
Date _____			

Date _____

Signature _____